

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

COMMITTEE NAME (Must be same as on Statement of Organization)

Penn National Gaming, Inc.

IMPORTANT: Indicate by # type of committee you are reporting for: 11

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Political Party (if applicable)

Office Sought

District (if Senate or House)

**FORM
DR-2**

(Rev. 12/2009)

**DISCLOSURE
REPORT**

For Office Use Only

Comm. # _____
Logged In _____
Scanned _____
Computer _____
Audited _____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

SIGNATURE OF PERSON FILING REPORT

TELEPHONE

DATE SIGNED

I AM FILING A 2010 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

November 2, 2010

County & Local Committees, enter County in
which Election is held
Woodbury

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 0.00

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

17,027.43

Schedule F: Loans Received total (Attach Schedule F)

0.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$ 17,027.43

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

17,027.43

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 0.00

****UNPAID BILLS** (From Schedule D - Attach Schedule D)

\$ 0.00

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

\$ 10,795.00

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

\$ 0.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

✓ YES ____ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 0.00

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Penn National Gaming, Inc.

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
8/4/10	ID# CK#	Penn National Gaming, Inc. 825 Berkshire Blvd. Wyomissing, PA 19610		\$48.68	<input type="checkbox"/>
8/13/10	ID# CK#	Penn National Gaming, Inc. 825 Berkshire Blvd. Wyomissing, PA 19610		3,000.00	<input type="checkbox"/>
8/27/10	ID# CK#	Penn National Gaming, Inc. 825 Berkshire Blvd. Wyomissing, PA 19610		3,000.00	<input type="checkbox"/>
9/17/10	ID# CK#	Penn National Gaming, Inc. 825 Berkshire Blvd. Wyomissing, PA 19610		2,718.75	<input type="checkbox"/>
10/1/10	ID# CK#	Penn National Gaming, Inc. 825 Berkshire Blvd. Wyomissing, PA 19610		2,260.00	<input type="checkbox"/>
10/8/10	ID# CK#	Penn National Gaming, Inc. 825 Berkshire Blvd. Wyomissing, PA 19610		6,000.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>

SUB-TOTAL

\$ 17,027.43

TOTAL (if last page of this schedule)

\$ 17,027.43

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 2 of 5
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Penn National Gaming, Inc.

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
8/4/10	ID# CK# Amex Card	GoDaddy.com, Inc. 14455 N. Hayden Rd., Suite 219 Scottsdale, AZ 85260	Domain Name Registration	\$ 48.68
8/13/10	ID# CK# 46730	Strategic Public Partners 88 E. Broad St. Suite 1320 Columbus, OH 43215	Professional Services Campaign Management	3,000.00
8/27/10	ID# CK# 46940	Strategic Public Partners 88 E. Broad St. Suite 1320 Columbus, OH 43215	Professional Services Campaign Management	3,000.00
9/17/10	ID# CK# 47174	Baker & Hostetler, LLP PO Box 70189 Cleveland, OH 44190-0189	Legal Advice	2,718.75
10/1/10	ID# CK# 47423	Baker & Hostetler, LLP PO Box 70189 Cleveland, OH 44190-0189	Legal Advice	2,260.00
10/8/10	ID# CK# 47504	Strategic Public Partners 88 E. Broad St. Suite 1320 Columbus, OH 43215	Professional Services Campaign Management	6,000.00
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 17,027.43
TOTAL (if last page of this schedule)				\$ 17,027.43

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Penn National Gaming, Inc.

Reset Form

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
10/15/10	Penn National Gaming, Inc. 825 Berkshire Blvd. Wyomissing, PA 19610		Employee time for four individuals for this reporting period	\$ 10,795.00	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 10,795.00	
TOTAL (if last page of this schedule)				\$ 10,795.00	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule E)

RESET

COMMITTEE NAME (Must be same as on Statement of Organization)

Penn National Gaming, Inc.

SCHEDULE

G

(Rev. 02/08)

BREAKDOWN
OF MONETARY
EXPENDITURES
BY CONSULTANT☐ CHECK THIS BOX IF
AMENDING FORM

PART I - NAME AND ADDRESS OF CONSULTANT

Name of Consultant Strategic Public Partners		
Mailing Address 88 E. Broad St. Suite 1320		
City Cleveland, OH	State OH	Zip Code 44190-0189

CONTRACT PERIOD (MM/DD/YR)

TOTAL ANTICIPATED COMPENSATION FOR PERFORMANCE

 From 8/1/10
 To 11/2/10

\$ 12,000

ESTIMATES OF PERFORMANCE

Reported as a percentage of a global retainer agreement under which consultant provides professional services in all PNGI jurisdictions as needed at a rate of \$25,000 per month - \$3,000 per month is allocated for this ballot issue election through November 2, 2010

PART II- ITEMIZED BREAKDOWN OF UNREIMBURSED EXPENSES PAID BY CONSULTANT TO OTHERS IN PERFORMING SERVICES OF CONTRACT (These expenses should NOT be reported on Schedule B, as they are direct payment from the consultant.)

DATE EXPENDED (MM/DD/YR)	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE	AMOUNT EXPENDED
			\$
SUB-TOTAL			\$ 0
TOTAL (If last page of this schedule)			\$ 0